

## Application for Learning Differences Program

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Classification, ( Learning Disabled, ADHD, Autism, etc)

\_\_\_\_\_

Psychological testing: yes \_\_\_ no \_\_\_

Source of testing \_\_\_\_\_

Date of last testing \_\_\_\_\_

Does student have IEP or 504 Plan? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ GE Plan \_\_\_\_\_

Does student use accommodations? \_\_\_\_\_

Comments \_\_\_\_\_

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